U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved: Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided tby 29 U.S.C 439 or 440.



1. File Number U -

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

040 114	1/1/04 Through: 12/31/04
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name Craig King	Niame South Central Carpenters Regional Council
	Labor Organization File Number 540 - 916
Street P.O. Box Bidg., Room No., if any 100754	P.O. Box, Building and Room Number, if any 5532 Eastel FF Industral Loup Street
city Birmingham 35210	City Bizmingham
State ALABAMA ZIP Code + 4	State ALABAMA ZIIP Code + 4 35210
5. Position in labor organization. FIELD Representative	
Enter appropriate data below If, during the past fiscal year, you or your spo (except as specified in the exch	use or minor child directly or indirectly had any of the following interests usions set forth in the instructions):
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizati	deriwed income or other economic benefit of on represents or is actively seeking to represent.
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
	0
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	•
	7.lb. Amount,
Street	
City	U
City	
State ZIP Code +4	
Signature	
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (ineffding the information contained in any accompan- undersigned's knowledge and belief, true, correct, and complete. (See the se	
Signed / Mug / Day	on 8 12 05 (205) 836-0170
F (N 20 (2002)	Date Telæphone Number
Form LM-30 (2003)	Pope 1 of 2

Name of Person Filing Craig King	File Number U- 540 - 916
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.	
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name	
Trade Name, if any:	a. Labor Organization
P.O. Box, Bldg., Room No., if any	b. Trust
Street	c. Employer
City	
State ZIP Code + 4	
10. If 9.b. or 9.c. is checked give trust or employer's name,	11.a. Nature of such dealling.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	11.b. Approximate dollar vailue of such dealing.
City	12.a. Nature of interest held or income received.
State ZIP Code + 4	
-	
	12.b. Amount.
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	
	14.b. Amount of payments.

13.b. Is the Business an Employer

or Consultant

?